

PETITION FOR BUILDING CODE VARIANCE

Completion of this form is required by COM 3.03(2). This form is the equivalent to the Dept. of Commerce form SBD-9890. Complete and submit this form to request a variance from a building code or for approval of alternative design, which is not in strict conformance with the letter of the code but meets the intent of the code. A VARIANCE IS NOT A WAIVER FROM A CODE REQUIREMENT. The petitioner must provide an equivalency which meets the intent of the code. Failure to provide adequate information may delay the petition. Pictures, sketches, and plans may be submitted to support equivalency. If the proposed equivalency does not adequately safeguard the health, safety and welfare of building occupants, frequenters, firefighters, etc., the variance will be denied. A petition for variance does not take the place of a required plan review submittal. Contact 608-261-5993 if you have questions about completion of this form.

NOTE: A separate petition is required for each building and each code issue petitioned.

The Bureau is unable to process variance petitions that are not properly completed. Check the following items for completeness before submitting the petition:

- Petitioner's name (typed or printed)
- Petitioner's signature
- The Petition for Building Code Variance must be signed by the owner of the building or system unless a Power of Attorney is submitted.
- Notary Public signature with affixed seal
- Analysis to establish equivalency, including any pictures, illustrations or sketches of the existing and proposed conditions to clearly convey your proposal to the reviewer.
- Proper fee
- Any required position statements by fire chief or municipal official

A position statement from the chief of the local fire department is required for fire safety issues. A position statement is **NOT REQUIRED** for non-fire safety topics such as plumbing and energy conservation. Position statements for both the fire department and municipality are required for barrier-free petitions. For rules relating to one and two family dwellings, only a position statement from the local enforcing municipality is required. Position statements must be completed and signed by the appropriate fire chief or municipal enforcement official. Signatures or seals on all documents must be originals. Photocopies are not acceptable.

FEES

The fees for review of the petition for variance are as follows:

	Standard Review Fee	*Revision Fee
Com 61-65, Commercial Building Code	\$500	\$100
All other Chapters	\$250	\$100

*Revisions are only accepted for 1 year after action on the original petition.

Standard Review: The Bureau will schedule the review and process in approximately 30 working days. Example: \$500 for a COMM 61 standard review.

Priority Review: The Bureau will schedule the review and process in approximately 10 working days. The fee for a **PRIORITY REVIEW** is twice the standard review fee. Example: \$1000 (\$500 X 2) for a COMM 61 review.

MAKE CHECK PAYABLE TO: DIVISION OF DISABILITY AND ELDER SERVICES

Submit the notarized Petition for Building Code Variance form, a check and supporting documentation to the following address:

FIRST CLASS MAIL

Chief
Provider Regulation Section
Bureau of Quality Assurance
PO Box 2969
Madison WI 53701-2969

DELIVERY SERVICE

Chief
Provider Regulation Section
Bureau of Quality Assurance
1 W. Wilson St., Room 950
Madison WI 53702

PETITION FOR BUILDING CODE VARIANCE

REVIEW TYPE <input type="checkbox"/> Standard <input type="checkbox"/> Priority		Total Amount Enclosed		Date Submitted	
--	--	-----------------------	--	----------------	--

FACILITY INFORMATION

Name – Facility or Building			Facility ID No.		
Address					
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	Name - City, Village or Township		County		Zip Code

OWNER INFORMATION

Name – Owner		Name – Company			
Address		City		State	Zip Code
Name – Contact Person			Telephone Number		
Email Address			Fax Number		

DESIGNER INFORMATION

Name – Designer		Name – Designer Firm			
Address		City		State	Zip Code
Name – Contact Person			Telephone Number		
Email Address			Fax Number		

PLAN REVIEW STATUS

<input type="checkbox"/> Plan submitted with petition Plan Reference No. <input type="checkbox"/> Plan will be submitted after petition determination <input type="checkbox"/> Requesting revision <input type="checkbox"/> Other	Plan previously reviewed by (Enclose a copy of the review letter.) <input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> Approved <input type="checkbox"/> Held <input type="checkbox"/> Denied				
	Code Petitioned <input type="checkbox"/> Building <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical				

Identify the code section and the specific condition or issue being petitioned for variance.

Explain why compliance with the code cannot be attained without the variance.

Explain the proposal to provide an equivalent degree of health, safety or welfare as addressed by the code section petitioned.

List attachments to be considered, i.e., model code sections, test reports, research articles, expert opinion, previously approved variances, pictures, plans, sketches, etc.

VERIFICATION BY OWNER

Note: Petitioner must be the owner of the building or system or credential applicant for a COMM 5 petition. Tenants, agents, designers, contractors, attorneys, etc. shall not sign petition unless Power of Attorney is submitted with the Petition for Building Cod Variance form.

Name - Owner or POA (print or type)		being duly sworn, I state as petitioner that I have read the petition and I believe it is true and that I have significant ownership rights to the subject building or project.	
SIGNATURE – Owner or POA		Date Signed	
Subscribed and sworn to before me this date	Name – Notary Public	My commission expires	

Name – Owner		Plan Number	
Project Address	City	Zip Code	

FIRE DEPARTMENT POSITION STATEMENT

Complete the following for variances from COMM 61-65, COMM 10, COMM 16 and other fire related requirements.

I have read the Petition for Building Code Variance and recommend (Check appropriate box.)

☐ Approval ☐ Conditional Approval ☐ Denial ☐ No Comment

EXPLANATION FOR RECOMMENDATION

Identify any conflicts with local rules and regulations and explain suggested conditions.

Name – Fire Department		Notify of Petition Outcome <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	Zip Code
Name – Fire Chief or Designee (print or type)		Telephone Number	
SIGNATURE – Fire Chief or Designee		Date Signed	

MUNICIPAL BUILDING INSPECTION RECOMMENDATION

Complete the following for variances from COMM 20-23. Also to be used for COMM 16, electrical petitions, if COMM 61-65 plan review is by municipality or orders are written on the building under construction; optional in other cases. Submit a copy of the orders.

I have read the Petition for Building Code Variance and recommend (Check appropriate box.)

☐ Approval ☐ Conditional Approval ☐ Denial ☐ No Comment

EXPLANATION FOR RECOMMENDATION

Identify any conflicts with local rules and regulations and explain suggested conditions.

Name – Municipality Exercising Jurisdiction		Name – Municipal Official (print or type)	
Address	City	State	Zip Code
SIGNATURE Municipal Official		Telephone Number	Date Signed